

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 20, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Issara, 1701 Pine Lake requesting a class C/K liquor license.

This location will be a Restaurant and Bar.

Malinee Kiatathikom, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as she is the currently approved manager for the Blue Orchid which holds a liquor license.

The required training was completed on April 14<sup>th</sup> 2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Issara

Street Address #1 1701 Pine Lake Road

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68516

Premise Telephone number (not yet installed)

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

Mailing address (where you want to receive mail from the Commission)

Name Malinee Kiatathikom

Street Address #1 8130 Dundee Drive

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68508

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length see attached feet

Width \_\_\_\_\_ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
NA				

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NEBRASKA LIQUOR  
CONTROL COMMISSION**2. Are you buying the business of a current retail liquor license?**

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

**3. Was this premise licensed as liquor licensed business within the last two (2) years?**

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

**4. Are you filing a temporary operating permit to operate during the application process?**

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

**5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?**

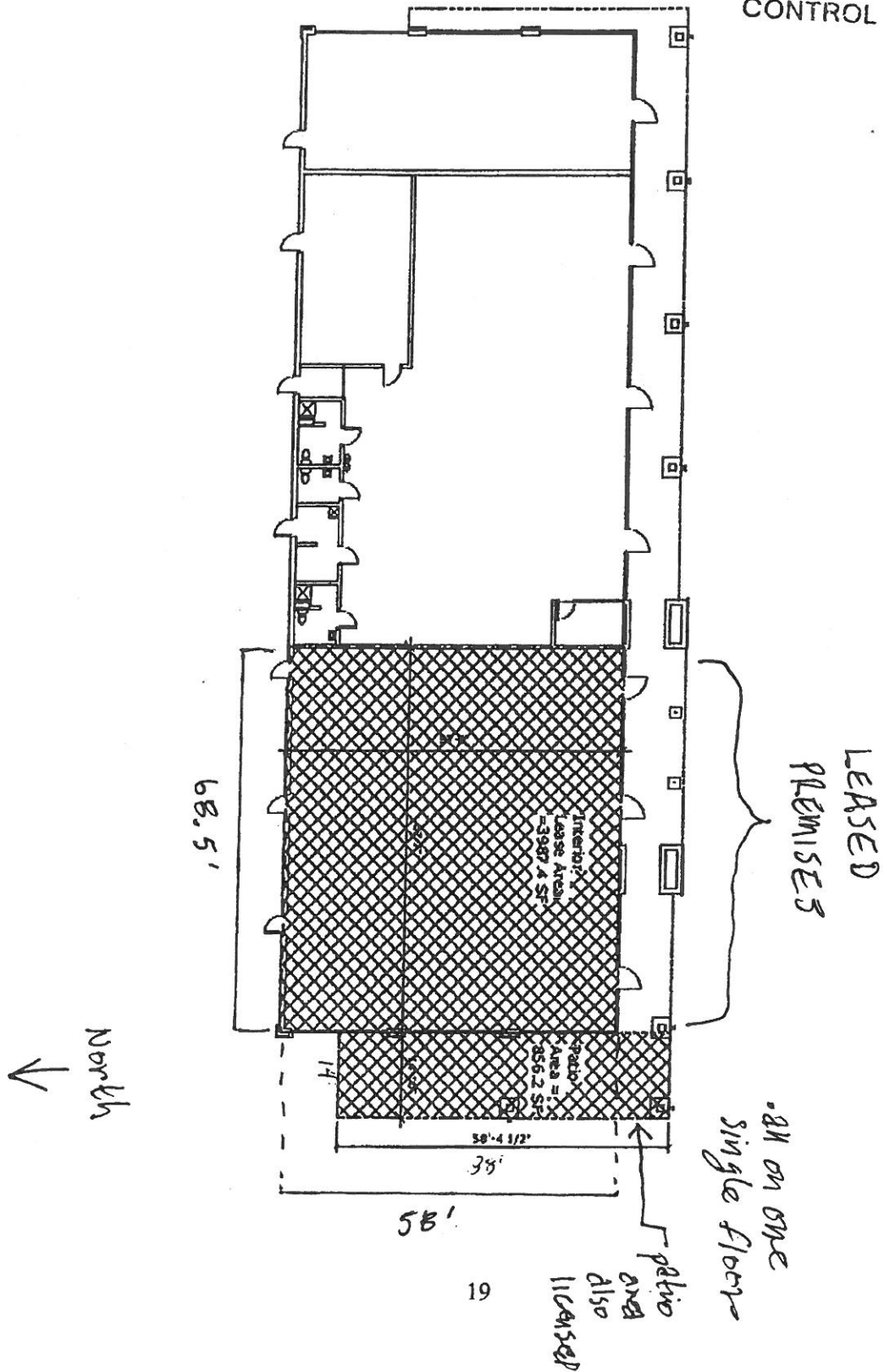
☒ YES ☐ NO

If yes, list the lender(s) Wells Fargo Bank, N.A., Lincoln, NE

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NEBRASKA LIQUOR  
CONTROL COMMISSION



APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Paul J. Peter

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
Sikarin, LLC

LLC Address: 8130 Dundee Drive

City: Lincoln State: NE Zip Code: 68510

LLC Phone Number: 402-472-5004 LLC Fax Number: NA

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Kiatathikom First Name: Malinee MI: \_\_\_\_\_

Home Address: 8130 Dundee Drive City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-472-5004

*[Signature]*

*[Signature]*

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska Lancaster  
County of Lancaster

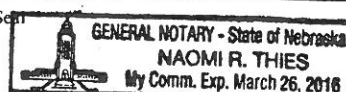
The foregoing instrument was acknowledged before me this  
July 11, 2012 Malinee Kiatathikom by Naomi R. Thies

Date

name of person acknowledge notary

Naomi R. Thies

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Kiatathikom First Name: Malinee MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Witawas Srisa-an

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Sikarin, LLC

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Issara

Premise Street Address: 1701 Pine Lake Road

City: Lincoln

State: NE

Zip Code: 68516

Premise Phone Number: not yet installed

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

  *Manager*

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)



JUL 11 2012

Manager's information must be completed below PLEASE PRINT CLEARLY **NEBRASKA LIQUOR  
CONTROL COMMISSION**

Gender: ☐ MALE ☒ FEMALE  
 Last Name: Kiatathikom First Name: Malinee MI: \_\_\_\_\_  
 Home Address (include PO Box if applicable): 8130 Dundee Drive  
 City: Lincoln County: Lancaster Zip Code: 68516  
 Home Phone Number: 402-472-5004 Business Phone Number: same  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: N  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: Bangkok, Thailand

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Srisa-an First Name: Witawas MI: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Drivers License Number & State: I  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: Minneapolis, MN

**APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
5460 NW 4th Street, Lincoln, NE 68521	2002	2009	5460 NW 4th Street, Lincoln, NE 68521	2002	2009
8130 Dundee Drive, Lincoln, NE 68516	2009	present	8130 Dundee Drive, Lincoln, NE 68516	2009	present